

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719415

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		6		1			57						
8		0		1			58						
9		0		1			59						
10		1		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		1		1			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		1		1			69						
20		1		1			70						
21	1		1				71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		1		1			80						
31		0		1			81						
32		0		1			82						
33		0		1			83						
34		1		1			84						
35		0		1			85						
36		0		1			86						
37		0		1			87						
38		0		1			88						
39		0		1			89						
40		0		1			90						
41		1		1			91						
42		1		1			92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		8	2	8			TOTAL IND.						
TOTAL DEP.		40	40	40			TOTAL DEP.						
TOTAL CLAIMS		48	42	48			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(713) 305-3531